



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•CTD001456979

INSTALLATION ADDRESS

BRISTOL/BABCOCK INSTRUMENT SYSTEMS DIV
40 BRISTOL ST
WATERBURY CT 06708

40 BRISTOL STREET
WATERBURY

CT 06708

S	W	C	T	D	0	0	1	4	5	6	9	7	9	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

DETACH A

DETACH A

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 6 23 - 26	3 F 0 0 7 23 - 26	4 F 0 0 8 23 - 26	5 F 0 0 9 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

William E. Baird
William E. Baird

Vice Pres. Manufacturing

July 22, 80

EPA Form 8700-12 (6-80) REVERSE

PART A RE-ENTRY FORM

Facility EPA ID # CTD 001456979

Notification Screen ADD: Facility Status Indicator 1
ADD: TSD Indicator "C"

Maintenance Screens

FC Screen:
Delete Comment 001 \$

C1 Screen:
Add Process Codes:

Code	Amount	Unit
<u>501</u>	<u>55</u>	<u>G</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Part A Screens

Screen 2: Add Map Indicator N
Add Business Indicator A

Screen 3: Add Date Received 80 1106
Add Existence Date 54 0209

Screen 5: Add Drawing Indicator A
Add Photo Indicator B

Other:

*1/25/85
myules*



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION I

J. F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

August 24, 1984

Edward Parker, Assistant Director
Hazardous Waste Management Section
Department of Environmental Protection
165 Capitol Avenue/State Office Bldg.
Hartford, Connecticut 06106

Dear Mr. Parker:

This letter is in response to your letter dated July 6, 1984, concerning status changes from a list of 122 TSD facilities.

At present, EPA has processed status changes for 18 facilities. Enclosed you will find a list of those facilities and the changes made. Also enclosed are the Part A permit applications to be returned through DEP to the particular facility. Please copy EPA on your letter transmitting the Part A's to the former facilities.

If you have any questions, please contact Jim Pender, at 617/223-5900.

Sincerely,

William R. Torrey, III
CT State Coordinator

Enclosure

The following is a list of those facilities processed, including the changes made to the HWDMS.

<u>FACILITY</u>	<u>CHANGE</u>
Anderson Oil and Chemical Co., Inc. CTD000844233	To Generator
Armaloy of Connecticut, Inc. CTD081305880	To SQG
Atlantic Aerospace, Inc. (formerly Atlantic Machine Tool Works) CTD001140854	To Generator
Bassick Division CTD001452838	To Generator
Beaton and Corbin CTD001140425	To Generator
Becton Dickinson and Co. CTD001139831	To Generator
Belding Corticelli (Putnam) CTD001649821	To Generator
Belding Chemical Industries CTD049185515	To SQG
Belding Corticelli (Grosvenorsdale) CTD000769968	To SQG
Bridgeport Fittings CTD001180728	To Generator
Bristol Babcock CTD001456979	To Generator
Homer D. Bronson Co. CTD001165224	To SQG
Bullard Company CTD044117281	To SQG
Capewell Mfg. Company (formerly Stanadyne Inc.) CTD069243616	To Generator

done
8/27/84
M. Jules

The Part A applications for the following facilities were either never submitted or have been returned by EPA.

<u>FACILITY</u>	<u>CHANGE</u>	<u>PART A RETURNED</u>
AMF Cuno Division CTD065536062	To SQG	9/30/82
Beehive Heat Treating Service, Inc. CTD004946885	To SQG	Never Submitted
Bigelow Company CTD001174200	To Generator	Never Submitted
Bunker Ramo CTD001181783	To Generator	5/20/82



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



July 6, 1984

Mr. Bill Torrey
Waste Management Branch
U.S. EPA
19TH Floor
JFK Federal Building
Boston, MA 02203

Dear Mr. Torrey:

As of February 29, 1984 Our Department has status change requests from 122 TSD facilities. Enclosed you will find a list of these facilities and the departments determination regarding each request.

At present 115 inspections have been completed. Seven (7) facilities are in the process of being inspected. I fully expect that a final decision will be made on the remaining seven requests by mid-July. A letter will follow stating the departments diposition on these requests.

As you discussed with Christene Jordan of my staff, an individual letter to each facility that requested a status change will be sent at some point after the new computer system is in operation. This should be completed on or before September 30, 1984.

It is expected that public notice for noticing termination of interim status for the facilities will be finalized in late summer or early fall.

Should you have any questions concerning this matter please contact David Dods or Christine Jordan at 566-4869.

Sincerely,

Ed Parker
Assistant Director
Hazardous Waste Management Section

ECP:CJ:dn

cc: D. Dods DEP
C. Jordan DEP
enc.

Phone:

165 Capitol Avenue • Hartford, Connecticut 06106

An Equal Opportunity Employer

JUL 11 1984

Connecticut

Name of Facility / Address	EPA I.D. No.	Date of Request	Reason for Request	Date of Inspection	Target Status	Process Held	Comments
BEDDING CONCERN Thread	CTD0001699871	12-13-83	over notified	3-2-84	GEN	Process	
107 Providence St.							
900 AM Ct. 06 200							
BEDDING Chemical Industries						Process	
Poste 12	CTD049185515	12-22-83	over notified	3-2-84	SSG		
N. Grosvenordale 02246							
BEDDING Central Thread Co	CTD000769968	12-22-83	over notified	3-2-84	SSG	Process	
Poste 12							
N. Grosvenordale 02246							
Bigelow Co.	CTD000174200			12-2-83	GEN	Process	
River & Lloyd St.							
NAN Haven 06503							
Budget Fittings, Inc.	CTD001180728	7-27-82		11-2-82	GEN	Process	
705 LEADSHIP Bldg.							
Stratford Ct. 06997							
Bristol Bulbrook	CTD001456979	9-27-83		12-14-83	GEN	Process	
40 Bristol St.							
" Watbury 06708							
Branson, Homer D. Co.	CTD001165224	1-17-84		5-1-82	SSG	Process	
10 Main St.							
Beacon falls							
Buland Co.	CTD44117281	8-27-82		12-6-83	SSG	Process	
286 Canfield Ave							
Birchport 06009							
BUNKER RINKO	CTD001181783	7-2-82			GEN		1750 3 10 0 0 0
33 East Franklin St.							
Danbury							
Capwell Pitty Co.	CTD069293616	12-14-83		7-2-84	GEN		11 1 1 1 1
60 GARDEN ST.	S.A. STANADYNE						
Hartford							

CTD001456779

☒ ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

1. Interim Regulatory Requirements

- A. (1) FORM 1 MISSING ☐
(2) FORM 3 MISSING ☐
- B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐
- C. (1) DATE of OPERATION MISSING ☐
(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐
- 2011 Notifier
D. ²⁰¹¹NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐
- E. (1) FORM 1, XIII B SIGNATURE missing ☐
(2) FORM 3, IX B SIGNATURE missing ☐

2. A. HANDLER ☒
B. NONREGULATED ☐
C. UNSURE ☐
D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)
E. NEW FACILITY ☐
F. CORE ITEM(S) MISSING ☐
G. NON-CORE ITEM(S) MISSING ☒
H. OTHER ☐

Coded:
009- County code
4131080- Lat.
073 ~~073~~ - Long
03140
21
2/27

ITEM NUMBER

- II. Pollutant Characteristics ☐
- *III. Name of Facility ☐
- IV. Facility Contact ☐
- V. Facility Mailing Address
 - A. Street or P.O., Box ☐
 - B. City or Town ☐
 - C. State ☐
 - D. Zip Code ☐
- VI. Facility Location
 - *A. Street, Route Number ☐
 - B. County Name ☐
 - *C. City or Town ☐
 - *D. State ☐
 - E. Zip Code ☐
 - F. County Code (if known) ☐
- VII. SIC Codes (other than Process and Hazardous Waste) ☐
- VIII. Operator Information
 - *A. Name ☐
 - *B. Is the name listed in VIII-A also the owner ☐
 - C. Status of operator ☐
 - D. Phone ☐
 - *E. Street or P.O. Box ☐
 - *F. City or Town ☐
 - *G. State ☐
 - H. Zip Code ☐

IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☒

XII. Nature of Business

☐

XIII. Certification

A. *1. Name and

☐

2. Official Title

☐

*B. Signature

☐

*C. Date Signed

☐

Comments:

Form 1 is missing

☐

Items preceded by * must be submitted by _____.

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐
2. New Facility Date (after November 19, 1980) ☐

*III. Processes

- A. Process Code ☐
- B. Process Design Capacity-Amount
 1. Amount ☐
 2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

- A. EPA Hazardous Waste Number ☐
- B. Estimated Annual Quantity ☐
- C. Unit of Measure ☐
- D. Processes
 1. Process Codes ☐
 2. Process Description ☐

V. Facility Drawing ☐

VI. Photographs ☐

VII. Facility Geographic Location ☐

VIII. Facility Owner

- *1. Name of Facility's Legal Owner ☐
2. Phone ☐
- *3. Street or P.O. Box ☐
- *4. City or Town ☐
- *5. State ☐
6. Zip Code ☐

*IX. Owner Certification

A. Name

☐

B. Signature

☐

C. Date Signed

☐

*X. Operator Certification

A. Name

☐

B. Signature

☐

C. Date

☐

Comments:

Form 3 is missing

☐

Items preceded by * must be submitted by _____.

FORM 1
GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
 Consolidated Permits Program
 (Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F C T D 0 0 1 4 5 6 9 7 9 3 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

CTD001456979

Bristol Bobcock Instrument Systems

~~AMERICAN CHAIN & CABLE CO INC~~

PO BOX 1726

WATERBURY CT 06720

40 BRISTOL STREET

WATERBURY CT 06720

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP Bristol Bobcock Instrument / Systems

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

2 Santoli, Francis, Mgr. Plt. Eng. 2.03 5.75 3.45.5

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

B. CITY OR TOWN

C. STATE

D. ZIP CODE

3 40 Bristol St. Ct 06720

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

B. COUNTY NAME

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

5 40 Bristol St. New Haven Ct 06720

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify) Mfg. of Recording & Controlling Instruments										(specify) Electroplating									
C. THIRD										D. FOURTH									
(specify)										(specify)									

VIII. OPERATOR INFORMATION

A. NAME																																																		Is the name listed in Item VIII-A also the owner?									
Bristol Babcock Instrument Systems																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)										A 2.0.3 5.7.5 3.4.5.5																													
E. STREET OR P.O. BOX																																																											
40 Bristol St.																																																											
F. CITY OR TOWN																														G. STATE										H. ZIP CODE																			
Waterbury																														Ct.										06708																			
IX. INDIAN LAND																																																											
Is the facility located on Indian lands?																																																											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																											

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																													
C.T. 0.0.0.0.2.8																														P																													
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																													
U																														0.1.9.2.0.8.3.7																													
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																													
R																														(specify)																													

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

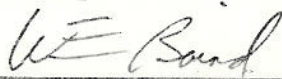
XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of electronic, electrical, mechanical & pneumatic recording & controlling devices.

To the best of our knowledge, a small plating operation in Bldg. M-2 (used for our productline only) and a trichlorethylene still in Bldg. F-3 (for recycling degreasing solvent) are the sources of waste generation.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																														B. SIGNATURE																				C. DATE SIGNED									
WE Baird																																																		11/4/80									
VP, Manufacturing																																																											
COMMENTS FOR OFFICIAL USE ONLY																																																											

FORM 3 RCRA		EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER F C T D C 0 1 4 5 6 9 7 9 3 1			
FOR OFFICIAL USE ONLY									
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)				COMMENTS			
II. FIRST OR REVISED APPLICATION									
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.									
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)									
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)				<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)					
71				71					
C YR. MO. DAY 8 5 4 0 2 0 9 15 73 74 75 76 77 78				FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)					
				FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN					
B. REVISED APPLICATION (place an "X" below and complete Item I above)									
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS				<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT					
72				72					
III. PROCESSES - CODES AND DESIGN CAPACITIES									
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).									
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.									
1. AMOUNT - Enter the amount.									
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.									
PROCESS		PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS		PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY		
Storage:				Treatment:					
CONTAINER (barrel, drum, etc.)		S01	GALLONS OR LITERS	TANK		T01	GALLONS PER DAY OR LITERS PER DAY		
TANK		S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT		T02	GALLONS PER DAY OR LITERS PER DAY		
WASTE PILE		S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR		
SURFACE IMPOUNDMENT		S04	GALLONS OR LITERS			T04	GALLONS PER DAY OR LITERS PER DAY		
Disposal:				OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)					
INJECTION WELL		D79	GALLONS OR LITERS						
LANDFILL		D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER						
LAND APPLICATION		D81	ACRES OR HECTARES						
OCEAN DISPOSAL		D82	GALLONS PER DAY OR LITERS PER DAY						
SURFACE IMPOUNDMENT		D83	GALLONS OR LITERS						
UNIT OF MEASURE		UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE		UNIT OF MEASURE CODE	UNIT OF MEASURE CODE		
GALLONS		G	LITERS PER DAY	ACRE-FEET		A			
LITERS		L	TONS PER HOUR	HECTARE-METER		F			
CUBIC YARDS		Y	METRIC TONS PER HOUR	ACRES		B			
CUBIC METERS		C	GALLONS PER HOUR	HECTARES		Q			
GALLONS PER DAY		U	LITERS PER HOUR						
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.									
C D U P T A C I									
1 2 13 14 15									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	55000	G		7				
2					8				
3					9				
4					10				

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY																					
<div> <div>W</div> <div>C</div> <div>T</div> <div>D</div> <div>0</div> <div>0</div> <div>1</div> <div>4</div> <div>5</div> <div>6</div> <div>9</div> <div>7</div> <div>9</div> <div>3</div> <div>1</div> </div>															<div> <div>W</div> <div>DUP</div> <div>2</div> <div>DUP</div> </div>																					
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																				
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																									
											1. PROCESS CODES (enter)										2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
1	F	0	0	1	10000	000	P	S	0	1																										
2	F	0	0	6	35000	000	P	S	0	1																										
3	F	0	0	7	25000	000	P	S	0	1																										
4	F	0	0	8	10000	000	P	S	0	1																										
5	F	0	0	9	5000	000	P	S	0	1																										
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
I	C	T	D	0	0	1	4	5	6	9	7	9	3	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

FL: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FL: B/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	1	3	1	0	8	0
55	56	57	58	59	60	61

LONGITUDE (degrees, minutes, & seconds)

7	3	0	3	1	6	0
72	73	74	75	76	77	78

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

W.E. Baird

B. SIGNATURE



C. DATE SIGNED

11/4/80

VP. Manufacturing

X. OPERATOR CERTIFICATION

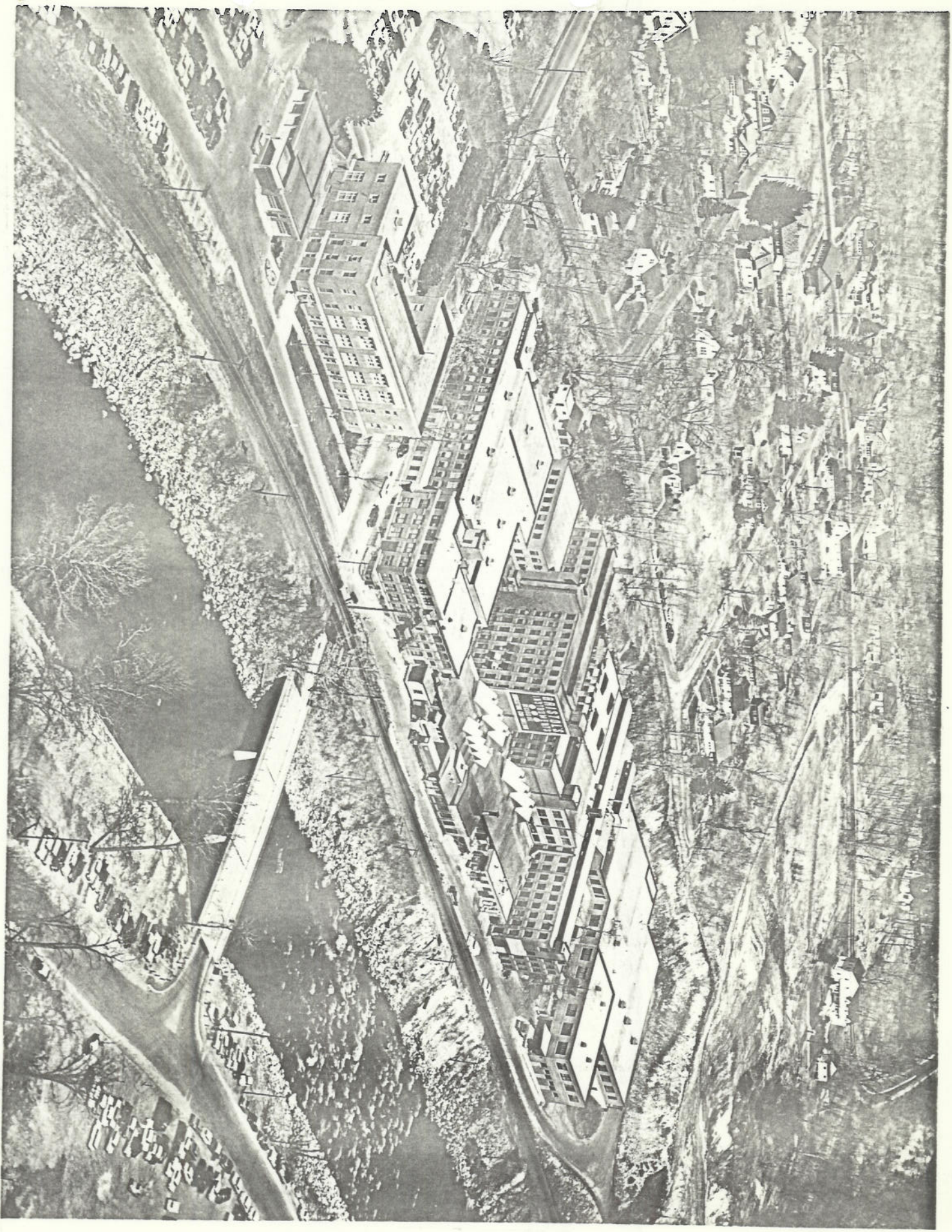
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

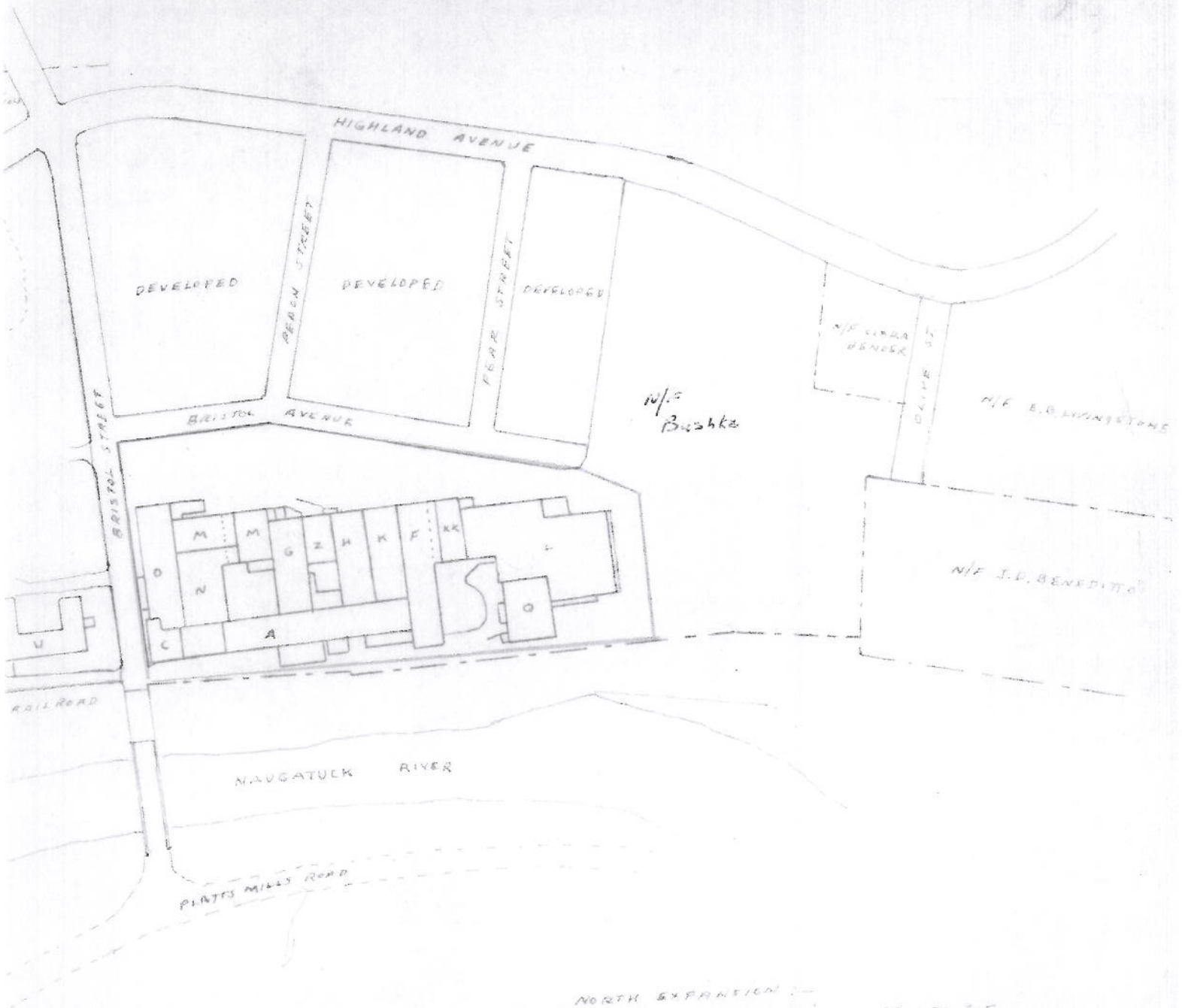
B. SIGNATURE

C. DATE SIGNED

Photo Taken 1966



PL 5302



NORTH EXPANSION :-
1. SACKET SCREW DIV. = 60,000 S.F.

- PRESENT STRUCTURES
1. GRAPHIC ARTS - PRINTING
 2. NEW ACQUISITIONS
 3. RAZE PARTIALLY

0,000 S.F.
0,000 S.F.

QUAN.		PART	NAME OR MATERIAL	TEMP.	FINIS
PROPERTY PLAN - ADJACENT AREA					
DRAWN <i>[Signature]</i> APPROVED <i>[Signature]</i> TRACED					
CHECKED _____ DATE <i>12-10-65</i> SCALE <i>1/4" = 200ft</i>					
DRAWER No. <i>10/3/50</i>					
THE BRISTOL COMPANY					

